



State of California—Health and Human Services Agency  
California Department of Public Health



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EDMUND G. BROWN JR.  
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OFFICE OF AIDS (OA)  
AIDS DRUG ASSISTANCE PROGRAM (ADAP)

Management Memorandum  
Memorandum Number: 2016-02

DATE: MARCH 18, 2016

TO: ADAP ENROLLMENT WORKERS

SUBJECT: ADAP FINANCIAL HARDSHIP CO-PAYMENT RECONSIDERATION REQUEST

The purpose of the memo is to inform ADAP enrollment workers about the ADAP Financial Hardship Co-Payment Reconsideration Request form. Per Health & Safety Code, ADAP clients who have a co-payment obligation may request a reconsideration of the co-payment amount if one or more of the following apply:

1. The original co-payment determination was based on an incorrect calculation.
2. There has been a substantial change in income since the previous eligibility determination that has resulted in a current income that is inadequate to meet the calculated payment obligation.
3. Unavoidable family or medical expenses that reduce the disposable income and that result in current income that is inadequate to meet the payment obligation.
4. Any other situation that imposes undue financial hardship on the client and would restrict his/her ability to meet the payment obligation.

ADAP may exempt a client from his/her payment obligation if both of the following criteria are satisfied:

1. One or more of the circumstances specified above exist.
2. ADAP has determined that the payment obligation will impose an undue financial hardship on the client.

The ADAP Financial Hardship Co-Payment Reconsideration Request form is attached for your reference and is located on the Office of AIDS website here:

<http://www.cdph.ca.gov/pubsforms/forms/CtrlldForms/cdph8455.pdf> The client and enrollment worker would need to complete the form and submit it to their [ADAP Advisor](#) for determination. The ADAP Advisor may request supporting documentation. Once a determination has been made, the enrollment worker will be notified and, if needed, the enrollment system will be updated.

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If an ADAP Financial Hardship Co-Payment Reconsideration Request form is submitted on a client's behalf, the client is not required to make any ADAP co-payments until ADAP has made a determination. If ADAP denies the exemption, the client will be obligated to make ADAP co-payments for drugs received while the reconsideration request was pending.

If you have any questions about this process, please contact your [ADAP Advisor](#).

Thank you,

A handwritten signature in cursive script that reads "Niki Dhillon". The signature is written in dark ink on a light-colored background.

Niki Dhillon, ADAP Branch Chief  
California Department of Public Health  
cc: ADAP Coordinators